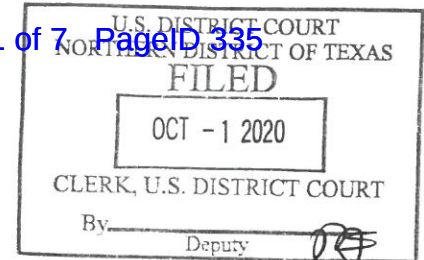


PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
FORT WORTH DIVISION



Jessica R. Chronister #27884-064  
Plaintiff's Name and ID Number

## AMENDED COMPLAINT

Fmc Carswell, Fort Worth, Tx.  
Place of Confinement

CASE NO. 4:20-cv-913-P  
(Clerk will assign the number)

v.

Warden Carr  
Defendant's Name and Address

~~Lt. Anthony~~ Lt. Anothy  
Defendant's Name and Address

Lt. Butler  
Defendant's Name and Address  
(DO NOT USE "ET AL.")

BOP Fmc Carswell  
P.O. Box 27137  
Ft. Worth, Tx. 76127

## INSTRUCTIONS - READ CAREFULLY

## NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

**FILING FEE AND IN FORMA PAUPERIS (IFP)**

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of **\$400.00**.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "... if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

**CHANGE OF ADDRESS**

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

**I. PREVIOUS LAWSUITS:**

A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? YES X **NO**

B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: \_\_\_\_\_
2. Parties to previous lawsuit:  
Plaintiff(s) \_\_\_\_\_  
Defendant(s) \_\_\_\_\_
3. Court: (If federal, name the district; if state, name the county.) \_\_\_\_\_
4. Cause number: \_\_\_\_\_
5. Name of judge to whom case was assigned: \_\_\_\_\_
6. Disposition: (Was the case dismissed, appealed, still pending?) \_\_\_\_\_
7. Approximate date of disposition: \_\_\_\_\_



II. PLACE OF PRESENT CONFINEMENT: \_\_\_\_\_

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure? \_\_\_\_\_ YES ☒ NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: Jessica Chronister # 27884-064  
Federal Medical Center, Carswell  
P.O. Box 27137, Ft. Worth, TX 76127

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: Warden Carr Fmc Carswell  
P.O. Box 27137, Ft. Worth, TX 76127

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Total indifference, violations of Constitutional rights, Medical indifference,  
abuse, cruel and unusual punishment

Defendant #2: Lt. Anthony ~~El. 1113~~ Fmc Carswell P.O. Box 27137  
Ft. Worth, Tx 76127

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Cruelty, abuse, mental & physical, indifference, violations of many  
Constitutional rights.

Defendant #3: Lt. Butler - Fmc Carswell  
P.O. Box 27137 Ft. Worth, TX. 76127

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Same as above

Defendant #4: Mrs. Q Scott Head of Sanitation  
Fmc Carswell P.O. Box 27137 Ft. Worth, TX 76127

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Same as above

Defendant #5: Mrs. Cole - Rawls Fmc Carswells  
P.O. Box 27137, Ft. Worth, TX 76127

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Same as above

#6 Dr. Sowdy - Fmc Carswell P.O. Box 27137 Ft. Worth, TX 76127

#7 Medical Director Dr. Langham - Fmc Carswell  
P.O. Box 27137

Ft. Worth 76127

#6  
#7 Same as above

## V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

In regards to "Whom" was involved in all claims that stands as all defendants (to save room Blake-asked Court to include each.)

Violations of 6<sup>th</sup> amendment - cruel and unusual punishment, total lack of indifference toward welfare, health, mental health, safety, CDC guidelines hygiene needs, food, social distancing and housing. Removal of rights to access legal work, mail, verbal court and abuse, false information on COVID 19 - Disregard for Testing OR treatment of COVID 19, physical assaults

## VI. RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Policy changes, reliefs of staff members jobs compensation reduce sentence, Before and wave kills me, <sup>lifetime of</sup> Inference

## VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

Jessica Renee Chronister

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

27884-064

## VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES X NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division): \_\_\_\_\_

2. Case number: \_\_\_\_\_

3. Approximate date sanctions were imposed: \_\_\_\_\_

4. Have the sanctions been lifted or otherwise satisfied? YES NO



- C. Has any court ever warned or notified you that sanctions could be imposed? \_\_\_\_\_ YES ☒ NO
- D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued.  
(If more than one, use another piece of paper and answer the same questions.)
1. Court that issued warning (if federal, give the district and division): \_\_\_\_\_
  2. Case number: \_\_\_\_\_
  3. Approximate date warning was issued: \_\_\_\_\_

Executed on: Sept 18<sup>th</sup> 2020  
DATE

Jessica R. Chronister

(Signature of Plaintiff)

### PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 18<sup>th</sup> day of Sept., 20 20.  
(Day) (month) (year)

Jessica R. Chronister  
(Signature of Plaintiff)

**WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.**

Name Jessica Chronister

Reg. No. 21884-064

Federal Medical Center, Carswell

P.O. Box 27137

Ft. Worth, TX 76127

**RECEIVED**

OCT - 1 2020

UNITED STATES DISTRICT COURT  
FORTH WORTH, TEXAS  
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS TO BE POSTED JUNE  
**CERTIFIED MAIL**



7020 1290 0002 1790 6851

United States District Court  
Office  
Northern District of Texas  
501 West Tenth St. Room 310  
Ft. Worth, Tx. 76102



eged Mail

W

FMC Carswell  
P.O. Box 27066  
Fort Worth, TX 76127  
Mailed: 9-29-20

The enclosed letter was processed through special mailing procedures for forwarding to you. The letter has neither been opened nor inspected. If the writer raises a question or problem over which this facility has jurisdiction, you may wish to return the material for further information or clarification. (4)

*Legal Mail*